

# TEXAS REINING HORSE ASSOCIATION

## MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

New membership/renewal: TRHA #: \_\_\_\_\_  
(circle one)

**NAME(S) of SHOWING MEMBER(S) ONLY and their NRHA numbers MUST be included on your application for Affiliate Championship Qualification:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

NRHA #: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Birth date: \_\_\_\_\_

\_\_\_\_\_ \$30.00 Individual Membership

\_\_\_\_\_ \$300.00 Lifetime Membership

### Donations (Optional):

I would like to donate the following amount to the TRHA Year End Awards Fund:

\$10      \$20      \$30      \$40      Other \_\_\_\_\_

Please mail completed form to:

Mark Archer  
3504 North River Rd  
Fort Gratiot, MI 48059